Effective on 12/08/2004.							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				lication Number	10/519,23		
For FY 2009				g Date	12/23/200		
FUI F I 2009				Named Inventor	Shizue Ito		
Applicant claims small entity status. See 37 CFR 1.27				niner Name	Vit W. Mi	ska	
				Art Unit 2833			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Atto	rney Docket	1217 - 04		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	RCH FEES		EXAMINATION FEES				
			Small Entit Fee (\$)	y <u>\$</u> Fee (\$)	Emall Entity Fee (\$)	Fees Pa	id (\$)
Application Type Utility	<u>Fee (\$) Fee</u>		270	220	110	rtts I a	<u>πα (φ)</u>
Design	220 11		50	140	70	 -	
						-	
Plant	220 11		165	170	85		
Reissue	330 16	55 540	270	650	325	-	
Provisional	220 11	0 0	0	0	0		
							Small Entity
Fee Description Fee (\$)							Fee (\$)
Each claim over 20 (including Reissues) 52 730							26 110
Each independent claim over 3 (including Reissues) 220 Multiple dependent claims 390							195
Multiple dependent cla		due Clatera	E (0)	E D-11 (4)			
Total Claims - 2	<u>20 or HP</u> <u>E</u> : _	tra Claims	Fee (\$)	<u>Fee Paid (\$)</u>		Fee (\$)	pendent Claims Fee Paid (\$)
HP = highest number of	total claims paid for,	if greater than 20.				rectar	ree raid (5)
Indep. Claims - 3	3 or HP E	ktra Claims	Fee (\$)	Fee Paid (\$)			
<u> </u>	= <u>_</u>	x		=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under							
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.							
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$							
- 100 = /50 = (round up to a whole number) x =							
							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1-month Petition for Extension of Time							\$130
SUBMITTED BY							
Signature Kent I Sulday Registration No. (Attorney/Agent) 25,826 Telephone 412-4							12-471-8815
Name (Print/Type)	Name (Print/Type) Kent E. Baldauf Date Januar						ry 4, 2010